

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2012 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

August 20, 2012

BACKGROUND

The Health Services Cost Review Commission’s (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission’s method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland’s nonprofit hospitals.

The Commission’s response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others’ community benefit reporting experience, and was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
314	20,816	21228, 21229, 21227, 21223, 21207, 21216	Sinai, BWMC, UMMC, Harbor, Mercy, MD General, Bon Secours, JHH, Northwest, Howard County	Baltimore City 16.5% Baltimore County 11.9% Anne Arundel County 10.7% Howard County 8.1%	Baltimore City – 38.2% Baltimore County - 23.6% Anne Arundel Cnty – 18.3% Howard Cnty – 12.5%

2. For purposes of reporting on your community benefit activities, please provide the following information:
 - a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

The areas surrounding Saint Agnes have a diverse socioeconomic composition with a mix of urban and suburban communities that are consistent with the range of communities found in any large metropolitan region. For Saint Agnes, the challenge of serving these communities lies in meeting the different needs associated between some of the poorest and most affluent neighborhoods in Central Maryland all located within a 3-mile radius of the Caton and Wilkens campus. A further challenge is the rapidly changing composition of the neighborhoods located most immediate to Saint Agnes. Over the last five years, these communities have experienced degrees of urban blight reminiscent of Baltimore's inner city prior to its renaissance of the 1970's and 1980's.

In terms of specific geographic areas, Saint Agnes considers the following areas part of its primary service area:

- Baltimore City (Including the South, West and Southwest areas of the City)
- Baltimore County (Woodlawn, Catonsville and Arbutus areas)
- Northern Anne Arundel County (Brooklyn, Linthicum, Glen Burnie and Pasadena)
- Northern Howard County (Ellicott City)
- Southern Carroll County

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Please refer to page 15 of our Community Needs Assessment (Appendix 5)
Median Household Income within the CBSA	Please refer to page 17 of our Community Needs Assessment (Appendix 5)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City 21.2% Baltimore County 7.8% Anne Arundel County 5.1% Howard County 3.9%
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Baltimore City 16.5% Baltimore County 11.9% Anne Arundel County 10.7% Howard County 8.1%
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 34.8% Baltimore County – 14.6% Anne Arundel County – 9.5% Howard County – 8.1%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhhm.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhhm.maryland.gov/ship/SitePages/LHICcontacts.aspx	Baltimore City – 71.2 years Baltimore County – 77.7 years Anne Arundel County – 77.9 years Howard County – 81.2 years
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	All rates per 100,000 population for 2008: Baltimore City – 1001.1 Baltimore County – 795.0 Anne Arundel County – 823.3 Howard County – 703.9

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhhm.maryland.gov/ship/SitePages/measures.aspx</p>	<p>Please refer to page 18 of our Community Needs Assessment (appendix 5) regarding housing characteristics of our service area.</p>																						
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<table border="0"> <tr> <td><u>Baltimore City:</u></td> <td><u>Baltimore County:</u></td> </tr> <tr> <td>White 29.6%</td> <td>White 64.6%</td> </tr> <tr> <td>Black 63.7%</td> <td>Black 26.1%</td> </tr> <tr> <td>Hispanic 4.2%</td> <td>Hispanic 4.2%</td> </tr> <tr> <td>Other 2.5%</td> <td>Other 5.1%</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>Anne Arundel:</u></td> <td><u>Howard County:</u></td> </tr> <tr> <td>White 75.4%</td> <td>White 62.2%</td> </tr> <tr> <td>Black 15.5%</td> <td>Black 17.5%</td> </tr> <tr> <td>Hispanic 6.1%</td> <td>Hispanic 5.8%</td> </tr> <tr> <td>Other 3.0%</td> <td>Other 14.5%</td> </tr> </table>	<u>Baltimore City:</u>	<u>Baltimore County:</u>	White 29.6%	White 64.6%	Black 63.7%	Black 26.1%	Hispanic 4.2%	Hispanic 4.2%	Other 2.5%	Other 5.1%	 		<u>Anne Arundel:</u>	<u>Howard County:</u>	White 75.4%	White 62.2%	Black 15.5%	Black 17.5%	Hispanic 6.1%	Hispanic 5.8%	Other 3.0%	Other 14.5%
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II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available).

Examples of sources of data available to develop a community needs assessment include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP’s CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative

- community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and
- (14) Use of data or statistics compiled by county, state, or federal governments.

1. Identification of community health needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

Saint Agnes completes a formal community needs assessment every three years to identify the health needs of its community. The assessment is driven by quantitative review of data in relation to the communities' demographic trends, socioeconomic status, and health status indicators that include chronic disease, maternal and infant health, major disease prevalence, and health resource utilization/needs. The analysis uses readily available data sets across 41 indicators and a comparative methodology to evaluate community performance in relation to the Central Maryland average.

Based on the assessment, community needs are prioritized and action plans are developed. The last community needs assessment was done in the spring of 2007. This document is attached as appendix 5 for the HSCRC review. This assessment was in place for 2009 through 2012. Saint Agnes has developed a new Community Needs Assessment for fiscal year 2013.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).

Saint Agnes established a multi-disciplinary group of community health providers, physicians, and members of leadership team to review and recommend community health need priorities based on the comprehensive community health needs assessment. The community health need priorities were reviewed and approved by the hospital's Executive Team, as well as the Board of Directors Planning Committee (comprised of broad physician representation including primary care, cancer, cardiovascular, orthopedics, general surgery, and general medicine) and the Board of Directors. At the time Saint Agnes completed its most recent Community Needs Assessment, the Baltimore City Health Department did not have a comprehensive community needs assessment for Baltimore City in place. Subsequently, Saint Agnes did participate with the Baltimore City Health Department in Winter/Spring of 2008 when the Department did conduct a comprehensive community assessment. Saint Agnes participated in Task Force established by then Baltimore City Health Commissioner Dr. Joshua Sharfstein, M.D. to assist with identification of community health assessment methodology.

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)

Provide date here. 04/01 /07 (mm/dd/yy)

4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years? ***Please be aware, the CHNA will be due with the FY 2013 CB Report.*

Yes

No, a new Community Needs Assessment that conforms to the Patient Protection and Affordable Care Act was developed in the fall of 2011 and approved by the Board of Directors in FY 2013. Under IRS regulations, assessment and implementation must occur in the same tax year. This is why the Community Needs Assessment was not implemented in FY 2012.

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

- a. Is Community Benefits planning part of your hospital's strategic plan?

Yes

No

- b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO

2. CFO

3. Other (please specify) Chief Medical Officer

ii. Clinical Leadership

1. Physician

2. Nurse

- 3. Social Worker
- 4. Other (please specify)

iii. Community Benefit Department/Team

- 1. Individual (please specify FTE)
- 2. Committee (please list members)
- 3. Other (please describe) Community Benefit evaluation is managed by a multi-disciplinary group that includes Planning, Marketing, Finance and Mission Integration

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet yes no
Narrative yes no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no
Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

For example: for each major initiative where data is available, provide the following:

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. Date of Evaluation: When were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?
- i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Please refer to table III for the list of Saint Agnes' initiatives

- 2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

This was not addressed in Saint Agnes' current community needs assessment. It will be a requirement of Saint Agnes' community needs assessment for 2013.

V. PHYSICIANS

- 1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Saint Agnes Hospital currently has one of the busiest Emergency Department (ED) in the state. Like many urban-based hospitals with significant ED volumes, a large proportion of the indigent and charity care provided by the hospital overall is generated through the ED. The increasing community need for indigent care coverage through the ED, coupled with declining physician reimbursement and greater malpractice exposure, has created greater "gaps" in the availability of specialist physicians to treat these patients. Consequently, mission-based hospitals like Saint Agnes, with an imperative to care for the poor and underserved, feel a duty to respond to fill in these gaps.

- 2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to

encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Physician subsidies included in category C is for coverage of emergency department call. Specialty physicians who are not being compensated for their services to treat the at-risk indigent community have sought assistance from the hospital, which receives at least a portion of their uncompensated care in rates. For fiscal year 2012, this subsidy paid by the hospital for this coverage amounted over \$1.5 million. Costs in the table below have been included in line “C60 – Physician ED Indigent Care Subsidies”.

Specialty	Annual Stipend
Hand Surgery	\$66,000
Orthopedic Surgery	182,500
Podiatry	36,500
ENT	225,000
Plastic Surgery	60,000
Urology	109,500
Neurosurgery	127,750
General Surgery	195,600
Pediatric Surgery	191,227
Psychiatry	266,873
Total Subsidy	\$1,461,000

In addition, St. Agnes further compensates specialist physicians for serving poor and vulnerable populations in our FQHC-based Community Clinic. These portions have been included in line “C50 – Community Care Center”.

Specialty	Annual Stipend
Dermatology	\$17,600
Ophthalmology	6,000
Orthopedic	103,900
Podiatry	8,500
Total Subsidy	\$136,000

St. Agnes also operates a hospital-based perinatology clinic designed to address the clear lack of adequate prenatal care in our CBSA. The clinic is staffed by two full-time perinatologists. The professional services subsidy required to staff the clinic was \$115,305 in FY 12. This amount has been included on line C70.

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
 - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Table III
Saint Agnes (21-0011)

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cardiovascular prevention and education	Various cardiovascular screenings, provided at no cost at various locations in the service area	<p>Blood pressure and cholesterol screenings are provided on both an on-going and one-time basis for participants. Participants identified as “at-risk” are provided prevention education and encouraged to return for on-going screenings. The on-going screenings and education for these participants has a positive impact on the rate of “at risk” screenings. Prevention and education provided through these screenings are effective tools in promoting cardiovascular health.</p> <p>For some 10 million Americans, peripheral arterial disease (PAD) is a serious risk factor leading to stroke and heart attack. The Saint Agnes Cardiovascular Institute under the leadership of Dr. Avinash Ganti, offers a free screenings that can detect PAD by checking for blockages in the arteries and aneurysms, which can lead to stroke or heart attack. Geared towards all men and women over the age of 55, the screening includes a Carotid Artery Ultrasound to detect stroke causing plaque, Abdominal Aortic Ultrasound—to detect an aneurysm and Ankle-Brachial Index—to detect</p>	Multi-Year Initiative	Screenings are done in cooperation with various organizations including Senior Centers (Morrell Park Senior Center, Arbutus Senior Center, Allendale Senior Apartments), Churches (Evangelical Bible Church in Lansdown, New Christian Memorial Church in the Allendale Community) and Schools (Lansdowne High School and St. Agnes Elementary/Middle School.)	A formal evaluation is not part of Saint Agnes’ current community needs assessment. However, various metrics including number of participants and number of screenings are tracked to monitor the effectiveness of this outreach.	<p>During FY 12, the blood pressure and cholesterol screening program saw 14,602 participants at 35 various locations in the area. Of those participants, 6,850 had screenings. 1,138 of those screened were identified as high-risk and were referred for additional testing.</p> <p>There were 1,001 PAD screenings performed in FY 12. Of those screenings, 230 patients were referred for additional follow up.</p>	All community initiatives are being evaluated as part of the Hospital’s new 2013 community needs assessment.	\$282,000

Table III
 Saint Agnes (21-0011)

		<p>peripheral arterial disease. In the first year of opening the program screened over 1000 people.</p> <p>Committed to raising awareness levels, the Saint Agnes Cardiovascular Institute launched the Women's Heart Center in May 2012 to give women a personalized approach to living long, heart-healthy lives. The Women's Heart Center is led by Dr. Shannon Winakur, who expanded on the success of Red Dress Sunday and she is responsible for developing the center's approach to highly personalized care for women. This approach focuses on screenings, education and prevention. Participants will complete a comprehensive risk assessment, be given an EKG, and have lab work done, which includes total cholesterol, and A1C. All results are reviewed with a certified cardiovascular nurse, providing individualized plans of action to each participant.</p>						
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Table III
Saint Agnes (21-0011)

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity Treatment and related health risk awareness	Provides weight loss education and coaching throughout the community	<p>The goal of the initiative is to educate people on the health risks associated with obesity. Numerous studies demonstrate a strong link between obesity and the risk for chronic health problems such as heart disease, type-2 diabetes, cancer, stroke, asthma and arthritis.</p> <p>Many of the participants that can benefit from healthier living are referred to Saint Agnes' <i>Well4Life</i> program. Well4life is a wellness program developed by Saint Agnes and WellAdvantage, a local wellness company, to help Marylanders make lifestyle changes to reduce high biometric levels like cholesterol and glucose. More than just a weight-loss program, well4life offers a medically-supervised, comprehensive approach to diet, exercise, lifestyle and mindset that is only available at Saint Agnes Hospital.</p> <p>Attendees that can benefit from weight loss surgery are referred to Saint Agnes' program. Various weight loss surgery procedures can greatly reduce patients' body mass index (BMI) leading to a decrease in co-morbidities responsible for</p>	Multi-Year Initiative	WellAdvantage is a key partner in the <i>Well4Life</i> program. They provide education with regards to wellness, stress reduction and fitness to the <i>Well4Life</i> patients. Additionally, Saint Agnes has teamed up with <i>Medifast</i> and area fitness centers (YMCA and the Columbia Association) to widen its exposure to this high-risk group.	A formal evaluation is not part of Saint Agnes' current community needs assessment. However, various metrics are tracked to monitor the effectiveness of this outreach.	<p>In FY 12, over 900 members of the community attended these weight loss education seminars. Several of these attendees were referred to Saint Agnes' <i>Well4Life</i> program or weight loss surgery program.</p> <p>As part of the <i>Well4Life</i> program, patients' biometrics are now tracked to monitor the progress of patients. These biometrics include weight, waist circumference, BMI, A1C, cholesterol and triglycerides. The following are the results for the 159 patients tracked during the 8-</p>	All community initiatives are being evaluated as part of the Hospital's new 2013 community needs assessment.	\$59,000

Table III
 Saint Agnes (21-0011)

		<p>various chronic health problems. The program has been such a success in terms of outcomes and patient satisfaction, that it is recognized as a "Center of Excellence" by the American Society for Metabolic and Bariatric Surgery and several third-party insurance companies.</p>			<p>month program:</p> <p>Weight – 8.9% loss BMI – 8.7% loss Neck – 7.6% loss Waist – 7.3% loss Systolic – 2.3% improvement Diastolic – 4.4% improvement Tchol – 2.3% improvement HDL – 6.0% improvement A1C – 4.6% improvement</p> <p>Surgery is also an effective means to weight loss. Below are one-year results for the various weight loss surgery procedures provided at Saint Agnes:</p> <p>Bypass Surgery - 13.5 lb loss LapBand Surgery – 7.9 lb loss Sleeve Surgery – 16.3 lb loss</p>		
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Table III
Saint Agnes (21-0011)

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer Awareness and Treatment	Saint Agnes Hospital provides a number of free screenings that target those cancers most prevalent in the community.	<p>The American Cancer Society estimates that more than half of all cancer deaths could be prevented if people adopted cancer prevention measures, including receiving routine check-ups, living a healthy lifestyle, and having an awareness of the early signs of cancer. Cancer can be discovered early or prevented altogether through periodic check-ups and screening procedures. Cancer screening tests are recommended to the public at certain baseline ages to detect and remove cancer in its earliest and most curable stage.</p> <p>“Ladies’ Night Out” is an annual breast Cancer awareness event. This educational community outreach initiative is held every Autumn to coincide with Breast Cancer Awareness Month in October. The event is held at an off-site location and is attended by an average of 200 women from Baltimore and Howard County. It features speakers and panel discussions by survivors, nurses, and physicians from our Cancer Institute. In addition, there are vendors offering services and resources to attendees to educate them about prevention/screening,</p>	Multi-Year Initiative through 2012	Key partners in this initiative include the American Cancer Society, the American Society for Dermatologists, The Susan G. Komen for the Cure Foundation and a local group of Radiation Oncologists, Radiation Oncology Healthcare.	A formal evaluation is not part of Saint Agnes’ current community needs assessment. This evaluation process will be a key component of the new FY 13 Community Needs Assessment .	<p>Saint Agnes Hospital tracks the number of screenings performed during the year and the patients referred for additional testing and follow-up.</p> <p>Prostate screenings – 27 screenings, 5 referred for additional follow-up.</p> <p>Mammography – 130 screenings, 16 referred for additional follow up.</p>	All community initiatives are being evaluated as part of the Hospital’s new 2013 community needs assessment.	\$8,400

Table III
Saint Agnes (21-0011)

		treatment, and community support services.						
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Table III
Saint Agnes (21-0011)

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Lack of adequate prenatal care.	Provide vital OB/GYN and pediatric care to underserved patients in the service area.	Mothers and children make up one of the most vulnerable populations in the Saint Agnes service area. An estimated 40 percent of children in the areas we serve live in poverty, which has far-reaching implications for their health. Teen pregnancy, lack of adequate prenatal care, low birth weight and birth defects create increase demands for health care. There are several examples of Saint Agnes' continued initiative to serve this vulnerable population. Two full-time, in-house perinatologists joined the medical staff in 2009 making high-risk OB services more accessible to our community. Saint Agnes continues to provide Spanish-speaking OB/GYN services at the Esperanza Center, a resource center in Fells Point for new immigrants to the Baltimore area. Through its strong relationship with Baltimore Medical System, a federally qualified health center, Saint Agnes provides perinatal, OB/GYN and pediatric services to uninsured and underinsured women and children in the community this past year.	Multi-Year Initiative through 2012	Federally Qualified Health Center (FQHC) partnership with Baltimore Medical System, Inc preserves service area access to OB/GYN and Pediatrics for the uninsured and underinsured in the Southwest Baltimore region. The Esperanza Center in Fells Point is a partnership between Catholic Charities and Saint Agnes to provide access to OB/GYN services for immigrants.	A formal evaluation is not part of Saint Agnes' current community needs assessment. This evaluation process will be a key component of the new FY 13 Community Needs Assessment .	As a result of these initiatives, steady improvement can be seen in key indicators measuring access and outcomes. Hispanic births at Saint Agnes has seen steady increase: 2008: 150 2009: 185 2010: 221 2011: 225 2012: 253 In terms of health outcomes, the number of healthy newborns (APR-DRG 626 & 640) has increased 6.7% in FY 12. Saint Agnes believes these favorable results will continue to show improvement as these initiatives take further hold	All community initiatives are being evaluated as part of the Hospital's new 2013 community needs assessment.	\$157,000

Table III
Saint Agnes (21-0011)

						in the community.		
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Communication of Saint Agnes Charity Care Policy – FY 2012

Saint Agnes Hospital, created by the Daughters of Charity in 1862, was originally created to provide nursing care to the poor. Since its inception, Saint Agnes continues to provide healthcare services to the indigent as part of its mission. Saint Agnes' provides free care to individuals below 200% of the Federal Poverty Line (FPL). Patients with income above 200% of the FPL but below 300% can receive charity care based on a sliding scale. In cases of unusual medical, financial or humanitarian burden, St. Agnes can forgo the criteria established in the policy and offer charity care as is deemed appropriate. Additionally, as required by HSCRC regulation, Saint Agnes has adopted a financial hardship exemption that provides financial assistance to patients who incur medical debt for medically necessary services incurred by a family with income below 500% of the Federal Poverty Limit that exceeds 25% of the family income over a 12 month period.

Information regarding Saint Agnes' charity care policy is displayed at the following locations throughout the Hospital:

Diagnostic Imaging Registration
Main Entrance Information Desk
Surgery Registration Area
Seton Nuclear Cardiology Center
Breast Center
Cancer Center
Outpatient Rehab Services
Women's Health Center

Emergency Department Registration
Main Lobby/1st Floor Registration
Lab Outreach at BMS
Cashier's Office 1st Floor
Cardiac Rehab/Heart Failure Center
Anti-Coagulation Center
Seton Imaging Center
Diabetes Center

In addition, brochures and flyers are displayed and available to the public that describe the policy. St. Agnes also provides a copy of its *Patient Billing and Financial Assistance Information Sheet* to every inpatient treated per HSCRC regulations. The Information Sheet is published in both English and Spanish at a comprehension level suitable for our patient population. The Sheet summarizes the Hospital's charity care policy and also states Medicaid may be available to eligible patients. As part of the Corporate Responsibility Program (CRP), annual training for registration and billing personnel is conducted that includes knowledge of the organization's charity care policy. Finally, a public notice regarding the charity care policy is published annually in the *Baltimore Sun*.

St. Agnes has also adopted a hands-on approach to providing patients with a means of getting financial assistance for their healthcare. St. Agnes has a department within its Revenue Cycle division called Patient Financial Eligibility. The primary responsibility of this department is educating patients about financial assistance programs including public assistance and charity care. The department works with patients to evaluate their eligibility and income status for these financial assistance programs. In cases when eligibility status is favorable, the department assists the patients to obtain necessary documents and information to complete required applications.

<p align="center">St. Agnes HealthCare System Policy and Procedure Manual</p>	<p>Page: <u>1</u> of <u>3</u></p>	<p align="center">SYS FI <u>05</u></p>
<p>Subject: CHARITY CARE (FINANCIAL ASSISTANCE NON-ELECTIVE)</p>	<p>Effective Date: 2/05</p>	
	<p>Reviewed: Revised: 1/09, 5/09, 10/10</p>	
<p>Approvals: Final - President/CEO: _____ Date: _____ Concurrence: _____ Date _____ <i>(Policies become effective 30 days after CEO signs.)</i></p>		

POLICY STATEMENT:

It is the mission of St. Agnes HealthCare to provide healthcare services to the poor within the availability resources of St. Agnes HealthCare. This policy establishes the criteria for evaluating the eligibility of patients for reductions in their bills based upon lack of financial resources and other criteria that may be established.

This policy applies to all non-elective services and procedures provided by Saint Agnes HealthCare.

SCOPE:

This policy applies to all entities of the St. Agnes HealthCare system.

PROCEDURE/RESPONSIBILITIES:

Patients may apply for financial assistance at any time during the revenue cycle.

Eligibility Criteria

- Patients wishing to be considered for financial assistance must complete an application and provide, as necessary, supporting documentation required to verify financial resources. If an application or documentation is incomplete, an attempt may be made to confirm the patient's financial status and assistance eligibility through a credit bureau report or by use of automated eligibility software. Emergency department patients and other outpatients (account balances under \$500.00) may be granted charity exclusively based upon the use of the automated eligibility software only. A signed/completed application will not be required. Some patients initially qualify for financial assistance through the BMS clinic. The Hospital will accept the approved BMS financial assistance application for most outpatient services. However, patients who receive hospital, inpatient surgery, oncology, MRI or pet scan services will be required to complete the Hospital application process.
- Before Saint Agnes financial assistance will be considered, Saint Agnes will confirm to the best of its ability that all other possible external sources of payment have been exhausted.
- Patients who are currently eligible for Medical Assistance will qualify for financial assistance for balances after Medicaid payment.
- When an individual is determined to be eligible, all dependents of that individual whose income and assets were considered in the original application are deemed to be eligible.

- Patients who have been approved for State Pharmacy Assistance and do not qualify for Medical Assistance will receive 100% charity care and will not be required to provide supporting documentation nor a signed application.
- A reduction to gross income may be granted to patients with extraordinarily high outstanding medical debt.
- Presumptive Eligibility of Charity Care

Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for 100% charity care.

- Households with children in the free or reduced lunch program
- Supplemental Nutritional Assistance Program
- Low-income household energy assistance program
- PAC
- Workers, Infants and Children's Program

Patients must submit proof of enrollment within 30 days. An additional 30 days will be granted upon the patient's request. The patient will not be required to provide supporting documentation (other than proof of participation) nor a signed application. St. Agnes HealthCare shall refund payments by patients in a means-tested government health care plans in accordance with the terms of the plan.

- Patients who are eligible for charity care who have completed the application and provided all supporting documentation will be granted a charity allowance that is valid for six months or until there is a change in the financial resources of the applicant, whichever comes first. Patients whose eligibility has been determined by use of the automated eligibility software will be granted charity for the specific date(s) only that prompted the application.
- Individuals with monetary assets in excess of \$25,000 or families with monetary assets of more than \$50,000 are not eligible for financial assistance. Monetary Assets are defined as cash, checking accounts, savings accounts, stocks, bonds and money market accounts. Retirement accounts and a "safe harbor" equity in a primary residence up to the amount of \$150,000 are not considered to be monetary assets.
- Any self pay balance, regardless of the amount, is eligible for charity care determination.
- Any patient with an account balance of more than \$10,000 may request an individualized review of their financial situation. It is recognized that some patients may experience an unusual medical, financial, or humanitarian burden, but, based upon the criteria set forth in this policy, fail to qualify for charity care. In such cases, it is within the discretionary authority of St. Agnes HealthCare to waive the charity eligibility requirements and apply charity care, as it deems appropriate.
- Patients or families may appeal decisions regarding eligibility for financial assistance by contacting the Corporate Director of Patient Financial Services.
- St. Agnes HealthCare must refund any amount exceeding \$25.00 collected from a patient/guarantor who was found to be eligible for charity care on the date of service within a two year period after the service date. The two year period will be reduced to 30 days if documentation to the patient's account supports the fact that the patient was uncooperative during the hospital's initial attempt to qualify the patient for charity care.

Sliding Scale

- Patients with income less than or equal to 200% of the Federal Poverty Level (FPL) will be eligible for 100% charity care write off of the charges for services.
- Patients with income above 200% of the FPL but not currently exceeding 300% of the FPL will receive a charity care write off based on a sliding scale. The sliding scale will be updated annually to reflect the current FPL as published in the Federal Register. Upper FPL limits may change at the discretion of hospital senior management.
- The maximum patient payment for reduced cost care is not to exceed the charges minus the hospital markup.

Financial Hardship

Patients may also be eligible for charity care if they meet criteria that would determine that they are experiencing a financial hardship.

Financial hardship is defined as medical debt for medically necessary services incurred by a family with income below 500% of the FPL that exceeds 25% of the family income over a 12 month period. Medical debt is out of pocket expenses, excluding copayments, coinsurance and deductibles for medical costs billed by St. Agnes HealthCare.

The patient and any immediate family member of the patient living in the same household are eligible.

The family will be eligible for the hardship allowance when seeking subsequent care at the same hospital during the 12 month period beginning on the date of which the hardship allowance was initially received.

The patient is expected to notify St. Agnes HealthCare of his/her and covered family member's eligibility for the charity programs when they present for subsequent services.

If the patient is eligible for another form of financial assistance, the program that is most beneficial to the patient will be applied.

If the patient income is between 200% and 300% of the FPL, the balance dues from the patient after application of the hardship allowance or charity allowance must be billed at charges minus mark-up.

Example: Financial Hardship

Family Size	=	4
Family Income	=	\$100,000
Medical Debt	=	\$40,000
25% Maximum Medical Debt	=	\$25,000
Hardship Allowance	=	\$15,000

Authorization Levels

Charity allowances in accordance with the policy require the following approvals:

Account Balance	Approval Authority
Up to \$499.99	Collection Representative or Financial Interviewer/Collection Supervisor
\$500.00 - \$4,999.99	Patient Accounts Director
\$5,000.00 - \$9,999.99	Patient Accounts Director Corporate Director of Patient Financial Services
\$10,000.00 and greater	Patient Accounts Director Corporate Director of Patient Financial Services Senior Vice President / CFO

CONCURRENCE(S):

Corporate Director, Patient Financial Services

REFERENCE(S):

Ascension Health System Policy 16: Billing and Collection for the Uninsured

CROSS REFERENCE(S):



St. Agnes Hospital's FY12 CBR
Saint Agnes Hospital
Patient Billing and Financial Assistance
Information Sheet

Financial Assistance Policy

It is the mission of Saint Agnes Hospital to provide healthcare services to the poor within the available resources of the hospital. The type of service you receive, your income, assets and the location of your residence are criteria that are considered in the eligibility determination.

We offer a number of financial assistance programs to help qualified patients honor the uninsured portion of their bill.

Financial Assistance

You may qualify for free or reduced cost care in increments of 100%, 75%, 50% or 25% of the uninsured portion of your bill.

Patients who qualify with income less than or equal to 200% of the Federal Poverty Level (FPL) will be eligible for 100% assistance.

Patients with income above 200% of the FPL but not currently exceeding 300% of the FPL will receive assistance based on a sliding scale. The sliding scale will be updated annually to reflect the current FPL as published in the Federal Register.

Please call 410.368.2140 for more information. You may also qualify for an extended payment schedule or a prompt pay discount. Please call 410.368.2175 for more information or to discuss your rights and obligations with regard to this bill.

Medical Assistance

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program that will pay for your health coverage. If you wish to apply with the State please call 1-800.332.6347 or visit www.dhr.state.md.us.

Our staff can also help you navigate the complexities of the State of Maryland Medical Assistance eligibility process. If you would like to apply with us please call 410.368.3314 or 410.368.3430.

General Billing Inquiries

You will receive a statement of account for your portion of the bill. Please call the telephone number listed on you statement for general billing inquiries.

Your Rights/Obligations

Patient Obligations:

- ◆ To provide the hospital with accurate information regarding any insurance, health plan or public program (Medicare, Medicaid, TriCare, etc.) or other health coverage that you may have.
- ◆ To provide requested financial information if you are applying for reduced fee or charity care.
- ◆ To respond to billing or collection notices in a timely manner.
- ◆ To contact the hospital if you have questions about your bill or are having trouble paying a bill.

Patient Rights:

- ◆ To consult a private attorney, the Maryland Attorney General's Office or a state or county Consumer Protection Agency regarding your rights under the law.
- ◆ To exercise your rights under the federal Fair Debt Collection Practices Act (FDCPA). You can get more information on the FDCPA by calling the Federal Trade Commission in Washington DC or going to: <http://www.ftc.gov/bcp/menus/consumer/credit/debt.shtm>
- ◆ To exercise your rights under Maryland consumer debt collection laws (see Title 14 of the Maryland Commercial Law Article) or go to the Maryland People's Law Library at: <http://www.peoples-law.org/consumer/debt.htm>
- ◆ To challenge the validity of any debt that is more than three years old under the state statute of limitations.

Hospital Billing Information Only

This information is provided with regard to your hospital bill only. You will receive separate bills for any other services provided, including physician services, radiology, lab and anesthesia services.

**Información Sobre
Facturación al Paciente y Asistencia Financiera del
Saint Agnes Hospital**

Póliza de Asistencia Financiera

La misión del Saint Agnes Hospital es proveer servicios para la salud al pobre dentro de los recursos disponibles del hospital. El tipo de servicio que usted recibe, su ingreso, bienes y la locación de su residencia forman el criterio a ser considerado en la determinación de su elegibilidad.

Ofrecemos una variedad de programas de asistencia financiera para ayudar a aquellos pacientes que califican a cubrir las porciones de sus cuentas no cubiertas por seguros.

Asistencia Financiera

Puede que usted califique para recibir atención gratuita, o a un costo reducido, en incrementos del 100%, 75%, 50% o el 25% de la porción de su cuenta no cubierta por seguro.

Los pacientes que califiquen con ingresos por debajo de, o igual al 200% del Nivel Federal de Pobreza (FPL por sus siglas en Inglés – Federal Poverty Level), serán elegibles para recibir el 100% de asistencia.

Pacientes con ingresos por encima del 200% del FPL, pero no excediendo el 300% del mismo, recibirán asistencia basada en una escala deslizable. La escala deslizable se actualizará anualmente para reflejar el corriente FPL tal como publicado en el Registro Federal. Para más información sobre calificaciones para recibir cuidado médico gratuito o a un costo reducido, por favor llame al 410-368-2140. Usted también puede calificar para un plan de pago extendido o para un descuento por pago rápido.

Para más información, o para discutir sus derechos y obligaciones respecto a esta cuenta, por favor llame al 410.368.2175.

Asistencia Médica

Puede que usted califique para la Asistencia Médica de Maryland (Maryland Medical Assistance). La Asistencia Médica es un programa que pagará por su cobertura médica. Si usted desea aplicar con el Estado, por favor llame al 1.800.332.6347, o visite en el Internet el www.dhr.state.md.us.

Nuestro personal también puede ayudarle a navegar las complejidades del proceso de elegibilidad del programa de Asistencia Médica del Estado de Maryland. Si usted quisiera presentar una solicitud a través nuestro, por favor llame al 410.368.3314 o al 410.368.3430.

Preguntas Generales Sobre Cuentas

Usted recibirá un estado de cuenta por la porción de la que es responsable. Por favor llame al número de teléfono listado en su estado de cuenta para preguntas generales.

Sus Derechos/ Obligaciones

Obligaciones del Paciente:

- ◆ Proveer al hospital con información correcta sobre cualquier seguro, plan de salud o programa público (Medicare, Medicaid, TriCare, etc.), u otra cobertura médica que usted tenga.
- ◆ Proveer la información financiera requerida si usted está solicitando cuidado médico a costo reducido o gratis.
- ◆ Responder notas sobre cuentas o de colección dentro del plazo esperado.
- ◆ Contactar al hospital si usted tiene preguntas sobre su cuenta o si está teniendo dificultades en pagar la misma.

Derechos del Paciente:

- ◆ Consultar a un abogado privado, a la Oficina del Consul General de Maryland, o a una Agencia de Protección al Consumidor estatal o del condado sobre sus derechos bajo la ley.
- ◆ Ejercer sus derechos bajo el Acta Sobre Prácticas Justas de Colección de Deudas (FDCPA, por sus siglas en Inglés). Usted puede obtener más información sobre el FDCPA llamando a la Comisión Federal de Comercio (Federal Trade Commission) en Washington, C.D., o dirigiéndose en el Internet, al: <http://www.ftc.gov/bcp/menus/consumer/credit/debt.shtml>
- ◆ Ejercer sus derechos bajo las leyes de colección de deudas de Maryland, vea el Título 14 del Artículo de Ley de Comercio de Maryland, o dirijase en el Internet a la Biblioteca Popular de Leyes, en el <http://www.peoples-law.org/consumer/debt.htm>
- ◆ Desafiar la validez de cualquier deuda con una antigüedad de tres años o más bajo el estatuto de limitaciones.

Información Sobre la Cuenta del Hospital Solamente

Esta información provista se refiere solamente a su cuenta con el hospital. Usted recibirá otras cuentas por separado por otros servicios recibidos, incluyendo servicios de médico(s), radiología, laboratorio, y/o por servicios de anestesia.

St. Agnes HealthCare Mission Statement

Our Mission

We, St. Agnes Hospital, commit ourselves to spiritually centered health care, which is rooted in the healing ministry of Jesus. In the spirit of St. Elizabeth Ann Seton, and in collaboration with others, we continually reach out to all persons in our community with a special concern for those who are poor and vulnerable. As a Catholic health care ministry and member of Ascension Health, we are dedicated to the art of healing to sustain and improve the lives of the individuals, families, and communities we serve.

We advocate for a just society. Through our words and deeds, we minister in an atmosphere of deep respect, love, and compassion.

Our Vision

Patients are our passion. Our physicians and associates are our pride. Healing is our joy.

Together, we promise to deliver:
Health care that works,
Health care that is safe, and
Health care that leaves no one behind.

Our Core Values

We are called to:
Service to the Poor
Reverence
Integrity
Wisdom
Dedication
Creativity